DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45 12/06/14

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445135	A. BUILDING 01 - MAIN BUILDING 01 B. WING	10/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - WINDWOOD	220 LONGMIRE RD CLINTON, TN 37716

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure smoke partition's construction is maintained. (NFPA 101, 8.2.4.4.1) The findings include: Observation and interview with the Maintenance Director, on October 20, 2014 at 3:45 p.m. confirmed an unsealed penetration in wall at the head of the bed in room 311. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 20, 2014.	K 025	This plan of correction constitutes a written allegation of substantial compliance with federal Medicare and Medicaid Requirements. Submission of this plan of correction does not constitute an agreement that the deficiencies actually exist, nor is it an admission that they existed. This submission is a good faith expression of the facility's desire to fully comply with Medicare and Medicaid requirements **K025 SS-D** No residents were affected. 1. The penetration was repaired on 10/23/14. 2. All residents have a potential to be affected. The Director of maintenance and/or designee will monitor for penetrations during daily rounds. 3. The Executive Director will audit maintenance daily round sheets weekly x 1 for x 3 months. 4. The Executive Director will report findings to the Quality Assurance Performance Improvement committee and Safety Committee for three months and ongoing as determined by the committee.	12/05/2014
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and	K 029	**K029 SS-D** No residents were affected. 1. The penetration was repaired with an approved fire rated caulk on 10/23/14.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Executive Director 11/14/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 029	Continued From page 1 doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure hazardous area ' s one (1) hour fire rated construction is maintained. The findings include: Observation and interview with the Maintenance Director, on October 20, 2014 at 3:42 p.m. confirmed a copper plumbing penetration in the 1-hour rated ceiling of the medical records back room using a non-approved foam product (NFPA 101, 8.2.3.2.4.2) This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 20, 2014.	K 029	2. All residents have a potential to be affected by this practice. The Director of Maintenance or designee will monitor ceilings for penetrations during daily rounds. 3. The Executive Director will audit maintenance daily round sheets x 1 weekly for x 3 months. 4. The Executive Director will report findings to the Quality Assurance Performance Improvement committee and Safety Committee for three months and ongoing as determined by the committee.	12/05/2014
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined sprinkler heads were free of corrosion and foreign materials.	K 062	**K062 SS-E** No residents were affected. 1.Authorized vendor will ensure affected sprinkler heads meet code. 2. Sprinkler heads in laundry were immediately cleaned from lint and debris. 3. All residents have the potential to be affected. Housekeeping and maintenance were in-serviced 11/06/14 in regards to ensuring sprinklers are kept clean. 4. Director of Maintenance or designee to inspect sprinklers in laundry monthly.	

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K 062	Continued From page 2 The findings include: Observation and interview with the maintenance director on October 20, 2014 at 3:10 p.m.confirmed sprinkler heads needed to be replaced in the following areas: 1) 1 of 1 Corroded sprinkler at the outside exit by the rear employee break room, 2) 2 of 2 sprinklers were corroded in the dishwashing area, 3) 3 of 4 sprinklers had a heavy lint loading in the laundry. (NFPA 25, 5.2.1.1.1 and 5.2.1.1.2) These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 20, 2014.	K 062	5. Executive Director or designee will audit laundry inspection, including sprinkler heads in laundry x 1 monthly for x 3 months to ensure sprinklers are free of dust and debris. 6. Authorized vendor will confirm that all sprinkler heads meet code during quarterly inspections. Results of the inspection will be communicated to Executive Director and Director of Maintenance to ensure compliance. 7. The Executive Director will report findings to the Quality Assurance Performance Improvement committee and Safety Committee for three months and ongoing as determined by the committee.	12/05/2014
K 069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on record review, it was determined the facility failed to ensure commercial cooking equipment was maintained when deficiencies were identified. The findings include: Record review of the kitchen hood system reports dated 10-3-14 and 10-17-13 on October 20, 2014 at 2:15 p.m. revealed "Appliances and lights did not shunt" and the exhaust fan failed to come on when the suppression system was activated. (NFPA 96, 5-2.3, 7-4.1) This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 20, 2014.	K 069	**K069 SS=F** No residents were affected. 1. Electrical contractor was contacted for immediate inspection of kitchen hood systems. All repairs or updates will be completed to provide compliance of the fire suppression system. 2. All residents have the potential to be affected. Authorized vendor will confirm that fire suppression system meets code during quarterly inspections. Results of the inspection will be communicated to Executive Director and Director of Maintenance to ensure compliance. 3. The Executive Director will report findings to the Quality Assurance Performance Improvement committee and Safety Committee for three months and ongoing as determined by the committee.	12/05/2014

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K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined electrical splices were not protected. The findings include: Observation and interview with the maintenance director, on October 20, 2014 at 4:07 p.m. confirmed exposed 220 volt electrical splices in resident rooms 106 and 202 for the power cords to the PTAC units. (NFPA 70, 110-14 (b) and 300-15). This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 20, 2014.	K 147	**K147 SS-D** No residents were affected. 1. Electrical contractor contacted. All exposed splices in residents rooms 106 and 202 on PTAC's will be repaired/replaced to meet code. 2. All residents have a potential to be affected. Electrical outlets will be checked during daily interior rounds and room inspections by Director of Maintenance or designee. 3. The Executive Director will audit maintenance daily round sheets x 1 weekly for x 3 months. 4. The Executive Director will report findings to the Quality Assurance Performance Improvement committee and Safety Committee for three months and ongoing as determined by the committee.	12/05/2014